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| Application Number     | 10/575128              |
| Filing Date            | September 30, 2003     |
| First Named Inventor   | Nada Milosavljevic     |
| Title                  | Quick Notation Medical |
| Art Unit               | 3526                   |
| Examiner Name          | Rupillo, Kristine K    |
| Attorney Docket Number | 45605-109302           |

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.72(b) Form PTO/SB-01 submitted herewith or filed on

SIGNATURE of Applicant or Assignee of Record

Signature

Date

Name

Telephone

Title and Company

Nada Milosavljevic

12/9/09  
401.595.0600

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required see below.

☐ \*Total of \_\_\_\_\_ forms are submitted.

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